The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VI SUMMER, 1947 Number 2

The Summer Tonsil Problem

What Is the Lay Public to Think?

One of our local nose and throat surgeons has shown interest enough to attempt to track down the truth or error in conflicting statements which excite the parents of young children and which are related to infantile paralysis. On July 11, 1947, the following letter went out:

Springfield, Mass.

Dr. Roy R. Feemster,
Director of the Division
of Communicable Diseases,
Department of Public Health,
State House
Boston, Massachusetts
Dear Doctor:

Reference is made to your special news item of July 7, 1947 released in the Daily News and entitled "Early Tonsils Removal Urged, Health Official Suggests Elective Cases be Handled Now."

Of the several thousands of tonsillectomies performed on children and young adults in Springfield and environs in the past twenty years, has polio-myelitis ever occurred following the operation?

You may be interested in an excerpt taken from an article by M. V. Miller of Philadelphia as it appeared in ARCHIVES OF OTOLARYNGOLOGY May 1947, Volume 45, No. 5 Page 606.

"TONSILLECTOMY AND POLIOMYELITIS. Edward Russell Roberts, Ann. Otol., Rhin. X Larying. 55:392 (Sept.) 1946.

It is estimated that tonsillectomy was performed on 70,000,000 persons during the last thirty-five years, and that 75 percent of this number, or 52,000,000, were patients under 18 years of age, the ones most susceptible to poliomyelitis. It is estimated that in over half the instances the operation was done in the months that poliomyelitis is prevalent. During these thirty-five years there were 274 cases reported as having followed recent tonsillectomy. If all these cases had appeared in the months poliomyelitis occurs, the incidence would have been 1 case in 1,000,000 persons who had recently undergone tonsillectomy. When it is estimated that the average annual incidence of the disease in everyday life is 1 to 3,250 of population, these figures show that the annual incidence of poliomyelitis in everyday life is thirty-one times greater than that in the recently tonsillectomized population, even during the season poliomyelitis.

M. V. MILLER,
Philadelphia.

Very truly yours,
COLIN HOLMES, M.D.

On July 17, the following reply was received:

Dear Doctor:

We have not been attempting to collect information in regard to incidence of poliomyelitis in persons who have recently had a tonsillectomy. We make no claim that the incidence is greater among those who have lost their tonsils than those who still retain them. There apparently is some evidence that tonsillectomies do predispose to poliomyelitis, but

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Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

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Nursing

In the July, 1947 issue of THE MODERN HOSPITAL, there is an article by Dr. I. Uyeda of Bergan City Hospital, Ridgewood, N. J., who was a recent graduate from an internship at the Springfield Hospital. The article is entitled: "A Doctor Speaks Up for the Nursing Profession" and a couple of the paragraphs are herewith reprinted:

"No one can blame the present nurse shortage and the declining nursing school enrollments on the difficulty of the nursing school curriculum or on the nurses' "excessive" knowledge or "high" salaries. The truth is just the opposite. The prospect of only ward routines without adequate instruction will definitely keep away many intelligent students from the nursing school. In addition, poor pay and long hours are keeping away many potential students.

The nursing curriculum is equivalent to a college education. Modern hospitals and doctors depend a great deal upon the alertness of the nurse to forestall impending dangers. Quick action on the part of a nurse, based on years of training and accumulated knowledge, frequently prevents irreversible disasters. This responsibility is great.

Nursing is an integral part of modern medicine; improving this part will improve the whole. The time and energy a doctor puts forth in the instruction of nurses are investments that pay good returns."

Address Correspondence to:
Dr. W. A. R. Chapin
121 Chestnut Street, Springfield, Mass.
Telephone 2-7213

Local Graduate Courses

Three years ago the Legislative Committee of the Massachusetts Medical Society entered into a gentleman's agreement with the very strong opposition to the bill for Unification of Medical Licenture. This lead to the definite closing of the unapproved medical schools in Massachusetts. The agreement was that every effort would be made by the Massachusetts Medical Society to see that the Gallup Plan was instituted in hospitals in the State so that men not allowed to practice in the hospitals be given certain opportunities for familiarity with advancing hospital procedures and medical progress. Without this agreement the medical profession in Massachusetts would probably still be confronted by an unsatisfactory situation. Some time later in Springfield, representatives of surrounding hospitals and their trustees were invited to a meeting at the Academy of Medicine at which Dr. Gallup explained his plan. In Springfield the arrangement was made that the superintendent of the Wesson Memorial Hospital would contact the other hospitals in an effort to make some arrangement whereby no one hospital would be expected to carry the load alone. As far as can be determined, nothing ever came of this. It is true that there are not now beds enough in local hospitals to take care of the long established staffs of these hospitals. However, it is also true that nothing has been really done to fulfill the word of the Massa-

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chusetts Medical Society. This in itself is not a pleasant situation for men of honor to be placed in. To disregard the matter entirely and to drift along is not the New England way of doing business. With the above in mind, it is not strange that a member of the HIPPOCRAT Board received the following letter, dated April 17, 1947, from a group of doctors in Springfield.

"The undersigned are of the opinion that one or two nights a week could be devoted to the post-graduate instruction for those men who could best use it, particularly men in general practice; such instruction to come from local men, chosen by a committee, for their familiarity with their subject and the ability to teach. It is felt that those who are interested in such a course should designate the type of subject they would prefer; such courses to take as many hours as necessary for intelligent comprehensive discussion of the subject.

"While the State Society is doing its part three times a year, the impressions left are really transitory and we feel it is possible for post graduate medical instruction to be brought deeply into our daily lives by perfectly competent men in the field locally.

"It is expected that we should insist on an honorarium for the speakers, but this can later be worked out to the satisfaction of all. Tactfulness and caution would be the watch word in this whole procedure.

"If it is possible for you to get the blessings of the Massachusetts Medical Society and/or the Academy of Medicine for such a venture, organization procedure will be facilitated with a correct perspective."

This letter was signed by 32 doctors and the recipient spoke with some leaders in the Academy of Medicine who felt that the subject was not in their province. Some time later this same doctor met with the Eastern Hampden Medical Society, where the possibility of their sponsorship of this program might work out. Nothing has apparently come of this and in the last issue of the HIPPOCRAT, a self-addressed return postal card was sent out by Dr. Smead, at the suggestion of interested parties. This card was sent only to the Springfield area and Dr. Smead has received 68 replies. All but two feel that this problem is a proper function of our County Society. Early in July, Dr. Smead met with the signers of the letter and it was left for him to proceed, as he is chairman for our district for post graduate medical instruction, which each year brings to us three sessions from Boston specialists. Dr. Smead contacted Dr. Edgelow, our County president, who contacted Dr. Bagg, State president, who referred the whole business to Dr. Ohler, State Chairman for post graduate medical education. Dr. Ohler's opinion is as follows:

"At our subcommittee meeting last night it was agreed to sponsor the program you mentioned in your letter of July 11. My committee will lend you any help needed." '

As the matter now stands there will be a meeting at the Academy of Medicine on the evening of Sept. 5 at 8:30, Dr. Smead presiding, at which time this project will go into action. It is felt that if such a project works out in Hampden County it may be a sign post for the other districts in Massachusetts. Many men who have hospital connections feel that they, too, might well benefit by a course as outlined, and the following notice of meeting is suggested.

There will be a meeting at the Springfield Academy of Medicine at 8:30 p.m. on Sept. 5 at which time all those practitioners who want to attend a weekly or bi-weekly general post graduate course in the Springfield area this next winter, are invited.

It is expected that there will be a fee for this course, that the men taking the course will decide the subjects to be cov-

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ered and choose those local men who shall present the subjects. It is felt that these lecturers should accept a small honorarium, thus avoiding criticism and obligations.

Dr. James Smead, chairman of our county post graduate instruction will preside. This whole matter is the result of a petition for such a work, signed by 32 general practitioners and addressed to the HIPPOCRAT office.

If you are interested in this be present on Friday, Sept. 5, 8:30 p.m., Springfield Academy of Medicine.

If those in the Hampden district outside the Springfield area feel they are being cut out of this venture, it is only because that this must be done in a centralized area first. Any doctor in the district who cares to participate will be welcome, but this is a trial effort and it must not get out of hand.

REGRETS

The readers of this issue will notice that the Massachusetts Wholesale Drug is not advertising any more. We are sorry to lose them but we want to take this opportunity to remind you that when the HIPPOCRAT started, the Goldstein brothers of this drug company did not hesitate for a moment in lending their support to our venture. For the past five years, they have wholeheartedly supported us and without such support we could not have ventured into the field we are in.

It is hoped that the reader occasionally looks at our advertising and remembers that their support is appreciated.

ED.

The HIPPOCRAT, 4 issues a year, costs the H.D.M.S. about $150 net yearly. Our advertisers are few and noteworthy for that reason. The magazine seems to be well read. A county society only needs 3 or 4 contributing interested members, and in a small (500) society, the issue can well be handled from a doctor's office.

It should never be a one man show however, and most certainly our readers can put on paper and send to the HIPPOCRAT office their impressions of medical practice and some ideas thereof, just as easily as they can talk it over two at a time in coatrooms.

Chronic Hospital

The following two paragraphs are a summary of the chronic hospital situation available as of July 10, 1946, in the Springfield area.

On July 10th, 1946 as reported in the local papers, The Mayor, The City Auditor, The members of the Finance Committee of the Springfield City Council and the Board of Public Welfare met with Dr. Claire F. Ryder, Epidemologist, —who is now in the service of the Massachusetts Department of Public Health connected with the Bureau of Hospital Survey and Construction,—8 Beacon Street,—Boston, Massachusetts. Under the general direction of the Surgeon General of the United States, this bureau is charged with the administration of Public Law 725,—Hospital Survey and Construction Act which was enacted by the 79th Congress.

Very shortly this same body will meet with Hon. Patrick Thompkins,—Commissioner of Public Welfare for the State of Massachusetts who should be able to present the official views of his department as it relates to the development of institutional and hospital care of persons as interrelated to the more

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broad picture which comprises the entire commonwealth. His information, advice, and suggestions should be very helpful indeed. We have been unofficially told that he will probably bring with him certain members of his staff, perhaps Miss Flora Burton, for many years connected with the Massachusetts Department of Public Welfare at the State House Office and Mr. George Murphy, District Supervisor for the Massachusetts Department of Public Welfare with offices at 196 Worthington St., in this City (tel. 2-6218). After studying the above it is noticeable that no reference is made to local medical opinion. It is quite possible that the local Board of Public Welfare may have an advisory committee which would be interested in this, but it is well for the doctors who read this to realize that commitments signed by a community may carry with them amendments which have to do with the practice of medicine. For instance, it may be that accepting funds for the building of a chronic hospital may mean that only a few men may send their patients to this institution, or that special qualifications may be set up for those doctors who would work there. Certainly any commitment which is made for the acceptance of Federal funds should be carefully studied so that doctors who are licensed to practice medicine in Massachusetts may have a legal right to care for patients in this hospital if it is to be an open hospital. Further arrangements should be made and the details fully understood as to what will happen in an emergency and what kind of medicine will be practiced in this institution. Quite probably all this will come about, but unless this whole business is arranged openly and with the wholehearted cooperation of the many doctors who are interested and have pushed this project, the sponsors may live to regret their oversight.

Hobbies Hors de Combat

Sing if you must, but *don't* take me out to the ball game, *don't* take me out to the park,—it is by far too hazardous. Didn't you see by the paper that two men collapsed at Fenway Park just the other day? One of them, not yet fifty years old, keeled over with a reported heart attack, the other neglected to buy his crackerjack and suffered an insulin shock. *Ipso facto* there is no denying that the Red Sox themselves collapsed, all nine of them,—or should the count be eighteen? Yes, the pennant bubble by now is pretty well deflated and woe hangs over the Fens, and permeates the Pioneer Valley, thicker than 'smog' over Los Angeles.

So you prefer soft ball? You like to cavort on a hot day, maybe after a clambake (hazardous enough as a hobby by itself) on a diamond in the rough? More often than not you must gallop up hill to first base, and you step on your tongue rounding third trying to stretch your hit to a homer. Once while riding that hobby, I saw an outfielder vanish completely from sight in his mad dash after a Texas leaguer. He had overlooked a ditch in the long grass, but fortunately broke no bones. And in another game, when I had managed to hit out a good one, the over-sized pellet finished a noble parabolic flight with a sickening thud on the left upper quadrant of the *mamma dextra* that distinguished the wife of a prominent florist. She who followed Mary Baker Eddy close enough to count the freckles on her nape, of course could give no proper vent to outraged sensibilities, but thereafter she gave

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up so-called 'soft' ball even at second hand. She also cut me out without a whimper!

Free of qualms I weaned myself from golf, that lethal hobby of too many semi-centurians who, thanks to the Metropolitan's educational propaganda, should know better. The game for me was much too rough—nearly always it was from tee to green, no matter what course I played, from Mt. Tom to Montego Bay or Poland Spring to Kalamazoo. To be sure, I had plenty of company in those brambled purlieus that Billy Phelps visited more often than his dog. O, what tangled webs I have threaded over the years on the margins of links far and near, at home and abroad. All I can say is for the most part, the fairways went unmarred by my mashienations.

Who could forget the lush knee-deep hay that abuts the lawns of Longmeadow, or the wiry alfalfa that looks so innocuous along the Ekwanok fairways? At Rockport an artful dodger might perhaps escape the vicious rebound of his ball from granite boulders scattered both on and off the course. And but little can be printed uncensored about that river at Great Barrington that is always in the wrong place.

As for traps that I have fathomed, how Scylla and Carybdis would have loved them. And how soulfully the unfortunates who were called upon to blast balls out of heel-prints have cursed them for cloven hoof-prints of luridly qualified 'heels'. Many such have resorted to unmitigated blasphemy, and not a few to the pick-and-pitch with unaided fingers. But how many have shot from behind a job-jammed lawn roller in a divinity bereft tool shed? You have? Well, I'm the only duffer I know who has tried (heroically, but in vain) to reach a distant green with a spoon shot from the thenar eminence of a grasping Florida palmetto, one eye cocked on the only visible fraction of gutta percha, and the other alerted for diamond back rattlers and cotton mouth moccasins.*

Such is the royal, the ancient and still dangerous pastime. Why not let my rough explorations suffice and quit while you can?

Playing the U.S.A. brand of football indubitably is too rugged a hobby for ninety and nine of us. The hundredth, like Pudge Heffelfinger who made Walter Camp's reputation, is still actively interested. Last June I shook with awe his out-size hand that is knocking on the door of eighty. As for me, participation ended just as it was beginning, when the quarterback on my high school sophomore eleven directed a play through me at left guard. It is true that I was the guard that was left that day for the play came through me as per schedule.

But the role of spectator of football would appear, at least in theory, to be safe enough. For a quarter of a century I never missed a 'big game', come rain, come shine, freezing or sweltering. I cheered, I choked, I thrilled, I throed and lost many a good pound in the cause. I even managed to survive that soul-shattering thirty-three to thirty-three tie that set an unforgettable record. Doubtless these games would lure me still had I not been refused re-admission to the Bowl on one praticularly trying, frosty day. The seance on the outside bowl developed my conviction. Since then I have ridden that hobby by proxy and not in person.

Only last week, I marveled at the early morning hobby ridden by a well-known Boston surgeon, the same that the late lamented F. B. Sweet enjoyed so long in Springfield, a flesh and blood horse, not Cautious Cal's electrical sub-

* Since then I have learned with consummate relief that the coral snake, *Elaps fulvius*, can bite only a small object like a finger-tip or a nose-end or a lesser labium. Hence, in the tropical roughage these processes should be kept *incommunicando* with such venomous hazards as *E. fulvius*, and of course the *Crotalidae* and *Agkistrodon piscivorous*.

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stitute. Tam O'Shanter had nothing much on them. But the fact that William E. Borah could forget himself and go along with any other individual even a horse, for years I am told, was one of the wonders of Washington. But horses call for jodphurs and stocks and calluses, lots of oats and too many berries to suit most of us.

What, then, may a post-meridian medical lost soul do for diversion when patients grow pestiferous, or a lull looms unexpectedly in the midst of pressing assignments?

Bowling, you say, or billiards, cards, crocinole or chess? These are indoor sports, all of them, and more suited to invalids than to healers of the sick in need themselves of refreshment. Whatever might be said for them, (and let us hope that some other correspondent may rise up with another chapter in their defense,) they lack fresh air and exercise under God's under-rated blue dome.

There are other avocations that accomplish this purpose for me with complete satisfaction, though the skin on my nose is in a state of chronic harassment much of the time. Perhaps some day I'll let you have the combination, but not until Bill is hard pressed again for copy in a future HIPPOCRAT.

Until then, ride 'em, cowboys, at your peril!

S. Q. LAPIUS.

Summer Tonsil Problem

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the information collected up to the present time is not conclusive.

On the other hand, the point which usually we make is that if a person does develop the disease after a tonsillectomy he is much more likely to have the bulbar type. Several instances of the kind have come to our attention during the last two or three years and the hypothesis is sufficiently well documented in literature to make it well worth consideration.

Very truly yours,

ROY F. FEEMSTER, M.D.

The July 10th issue of the NEW ENGLAND JOURNAL OF MEDICINE, on page 69, has a story on Poliomyelitis and Tonsillectomy. The above is an attempt to keep the record straight. I wonder if we have done it?

Of Time and the River

New Englanders frequently give a conservative shudder when they read or hear about the waste of natural resources that occurs in less thrifty areas of the country. Soil erosion, wanton destruction of forests, or profligacy with mineral deposits seem scarcely less than criminal to our somewhat parsimonious way of thinking. It would be just as well, therefore, before we are entirely overcome by our own righteousness, to take a look around. One of the things we might look at is the Connecticut River.

The early colonists called it the Great River. For William Pynchon it was a broad highway to the sea whereby he carried a profitable fur trade with England. A century and a half ago the first canal in America was circumventing the falls at South Hadley. To our ancestors the river was a thing of beauty and utility; books were written about it, artists have painted it; it has been used for navigation, for power, for recreation. To us it is the largest open sewer in New England.

The Commissioner of Public Health, Dr. Getting, should be congratulated for his energy and assisted in his efforts directed at the enforcmeent of a new statute aimed at cleaning up the river. The legislation was long overdue, and it is gratifying that Dr. Getting has insisted that it be enforced. There will doubtless be outcry about the expenditure entailed, but it is about time we started again to spend money on something constructive and something at home.

We have right at our doorstep a beautiful stream, an asset. a natural resource, with unlimited possibilities for recreation. The river was here first, and it is because of the river that we are here now. Other rivers are larger,

BACKGROUND

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more famous, or more historic. From personal knowledge ours is far lovlier than the Mississippi, the Rio Grande, the Amazon, or the Nile. So what do we do with it? We dump sewage in it.

The Nervous Doctor

All doctors are nervous, but like most of their patients, they usually don't realize it and seldom admit it. The clinical manifestations of their neuroses are the same—the usual viscero-somatic disturbances; insomnia, indigestion and the like, and the psycho-dynamics are the same—high standards for achievement plus frustration from inability to meet them. Only the course of the neurosis, its duration, treatment and prognosis are different, for the doctor knows too much, and generally cooperates too little. He is usually unable to keep his professional finger out of the therapeutic pie. This article attempts to offer several constructive approaches to the problem—for the physician himself; chiefly from the viewpoint of psychodynamics, since every progressive physician should by this time have become sufficiently aware of the intimate relationship between emotions and primitive urges on the one hand and the usual responses of the various parts of his body on the other.

Just as almost everyone was convinced that a psychiatrist himself is usually at least half cracked when he takes up the specialty, it should be no surprise that he considers practically everyone including himself more or less neurotic. This tendency to habitual neurosis is characteristic of all professional people—chiefly because of the high standards which motivate them.

To begin with, the physician's high standards for professional excellence are not his own. Like all normal people, the doctor is not immune to hero-worship. The ideals of his first idols usually stay with him all through life. He never fully outgrows the influence of his parents, his early teachers, near relatives

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